

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **5460**

BIRTH NO. FILED FEB 26 1954 REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **50**

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LANNIBAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LANNIBAL</b>	
c. LENGTH OF STAY (In this place) <b>12 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>435 S. 6<sup>TH</sup> ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>435 S. 6<sup>TH</sup> ST.</b>		e. <b>6648</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>RICHARD</b> b. (Middle) <b>(N)</b> c. (Last) <b>HUNT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-22-1954</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>OCT 14, 1884</b>		9. AGE (In years last birthday) <b>69</b>		10. IF UNDER 1 YEAR: Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STREET DEPT. (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CENTER, MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>					

13a. FATHER'S NAME <b>THORNTON HUNT</b>		13b. MOTHER'S MAIDEN NAME <b>LUCY SWON</b>		14. NAME OF HUSBAND OR WIFE <b>MARY M. HUNT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Mary Hunt - Hospital</b>	
				ADDRESS <b>Hospital</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>congestive heart failure</b>			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease</b>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **1/23**, 19**54**, to **2/22**, 19**54**, that I last saw the deceased alive on **2/20**, 19**54**, and that death occurred at **6:05 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Richard M. Strong M.D.</b>		23b. ADDRESS <b>115 N 5th St. Hannibal MO</b>		23c. DATE SIGNED <b>2/23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-25-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GRAND VIEW CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>LANNIBAL, MO</b>		24e. REGISTRAR'S SIGNATURE <b>187-0</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Karpa</b>	
DATE REC'D BY LOCAL REG. <b>2-24-54</b>		REGISTRAR'S SIGNATURE <b>D. E. M. ...</b>		ADDRESS: <b>Hannibal, MO</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 24 1954  
MARION CO. HEALTH DEPT.  
DATE FILED FEB 24 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Ralph C. Lark*

Licensed Embalmer No. *4217*

P. O. Address *Hornsville, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.